EXHIBIT A

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)
MV-104AN (7/11)

Precinct: 033
Accident No. MV-2024-033-000116
Complaint Number:

☐ AMENDED REPORT

| 19 | 26 |

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐	Left Scene	Police Photos
Month 3	Day 1	Year 2024	FRIDAY	18:50	2	0	0	Reconstructed ☐	☐	☐ Yes ✓ No

| 20 | 26 |

☑ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 1

VEHICLE 1- Driver License ID Number: 698450185 — State of Lic. NY

Driver Name -exactly as printed on license: ROY, DERIK, J

Address (Include Number & Street): 645 RANDALL RD — Apt. No.

City or Town: BALLSTON SPA — State: NY — Zip Code: 12020

Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged
Month 10	Day 3	Year 1952	M	☐	2	☐

Name—exactly as printed on registration: ROY, DERIK, J — Sex: M — Date of Birth: Month 10 Day 3 Year 1952

Address (Include Number & Street): 645 RANDALL RD — Apt. No. — Haz. Mat Code — Released ☐

City or Town: BALLSTON SPA — State: NY — Zip Code: 12020

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
17832JW	NY	2018 FORD	PICK-UP TRUCK	328

Ticket/Arrest Number(s):

Violation Section(s):

VEHICLE 2

VEHICLE 2- Driver License ID Number: 999999999 — State of Lic. NY

Driver Name - exactly as printed on license: DUNN, ROBERT

Address (Include Number & Street): 601 WEST 26 STREET — Apt. No. 7

City or Town: NEW YORK — State: NY — Zip Code:

Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged
Month 8	Day 9	Year 1984	M	☐	1	☐

Name—exactly as printed on registration: — Sex: — Date of Birth: Month Day Year

Address (Include Number & Street): — Apt. No. — Haz. Mat. Code — Released ☐

City or Town: — State: — Zip Code:

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
HWY5473	NY	2019 GMC	SW/SUV	

Ticket/Arrest Number(s):

Violation Section(s):

| 21 | 9 | 22 | 9 | 23 | 3 | 24 | 3 | 25 | 1 |

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact	1	2
Box 2 - Most Damage	9	9
Enter up to three more Damage Codes	3	4	5

Vehicle Towed: By
To

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

Box 1 - Point of Impact	1	2
Box 2 - Most Damage	2	2
Enter up to three more Damage Codes	3	4	5

Vehicle Towed: By
To

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End | Left Turn | Right Angle | Right Turn | Head On
1. | 3. | | 5. | 7.
Sideswipe (same direction) | Left Turn | | Right Turn | Sideswipe (opposite)
2. | 0. | 4. | 6. | 8.

ACCIDENT DIAGRAM

DIAGRAM ATTACHED ON SUBSEQUENT PAGE

1 REAR END

9.

Cost of repairs to any one vehicle will be more than $1000.
☐ Unknown/Unable to Determine ✓ Yes ☐ No

VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

| 26 | 1 | 27 | 1 | 28 | 1 |

Reference Marker	Coordinates (if available)
9 5 I X 4 M 1 1 0 0 4	Latitude/Northing: 40.850067 Longitude/Easting: -73.9449

Place Where Accident Occurred: ☐ BRONX ☐ KINGS ✓ NEW YORK ☐ QUEENS ☐ RICHMOND

Road on which accident occurred: 95I E/B CROSS BRONX EXPY (Route Number or Street Name)

at 1) intersecting street _____ (Route Number or Street Name)

or 2) _____ ☐ N ☐ S ☐ E ☐ W of 4/10 MILE E/O GEORGE WASHINGTON BRIDGE
Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)

| 29 | 1 |

Accident Description/Officer's Notes: AT TPO OPER OF VEH 1 STATES THAT HE WAS DRIVING STRAIGHT WHEN TRAFFIC SLOWED DOWN, SO HE STEPPED ON THE BRAKES WHEN VEH 2 REAR ENDED HIM. OPER OF VEH 2 STATES THAT VEH 1 CAME TO AN ABRUPT STOP, CAUSING VEH 2 TO REAR ENDED VEH 1. THERE IS NO ISSUARNCE INFORMATION BECAUSE VEH 2 IS SELF INSURED BY THE FEDERAL GOVERNMENT. OPER OF VEH 2 IS A SPECIAL AGENT SHIELD 8798, EMPLOYED BY HOMELAND SECURITY AND WAS DRIVING A HS

| 30 | 1 | USE COVER SHEET | P |

		8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	A	1	1	X	1	71	M	-	-	-	-	-	ROY, DERIK, J	
L	B	1	3	X	1	62	M	-	-	-	-	-	LAROSA-ROY, CATHERINE, E	
L	C	2	1	X	1	39	M	-	-	-	-	-	DUNN, ROBERT	

Officer's Rank and Signature	PO		Tax ID No. 972657	NCIC No. 03030	Precinct 033	Post/Sector	Reviewing Officer SSA RONNIE A RODRIGUEZ	Date/Time Reviewed 03/05/2024 23:11

Print Name in Full: CHRISTOPHE C GAYLE

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

Last Name	First	M.I.	Last Name	First	M.I.

Address | Address

Date of Birth			Telephone (Area Code)	Date of Birth			Telephone (Area Code)
Month	Day	Year	( )	Month	Day	Year	( )

Last Name	First	M.I.	Last Name	First	M.I.

Address | Address

Date of Birth			Telephone (Area Code)	Date of Birth			Telephone (Area Code)
Month	Day	Year	( )	Month	Day	Year	( )

Last Name	First	M.I.

Address

Date of Birth			Telephone (Area Code)
Month	Day	Year	( )

Highway Dist. at Scene? ☐ Yes ☑ No
Name:

Shield No.

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 C16 5800-P21-52L

Vehicle No. 2 _____

Expiration Date 06/21/2024

Expiration Date _____

VIN 1FTEW1EG3JFA85351

VIN 3GKALTEV2KL153667

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

☐ Dept. of Motor Vehicles
(if anyone is killed/injured)

☐ Motor Transport Division
(P.D. vehicle involved)

☐ NYC Taxi & Limousine Comm.
(if a Licensed taxi or limousine involved)

☐ Other City Agency
(Specify)

☐ Office of Comptroller
(if a City vehicle involved)

☐ Personnel Safety Unit
(if a P.D. vehicle involved)

☐ Highway Unit _____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle	−Operator's First Name	Last Name		Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.		Dept. Vehicle No.		Assigned To What Command

Equipment in Use At Time of Accident
☐ Siren ☐ Horn ☐ Turret Light ☐ 4-Way Flasher ☐ High-Level Warning Lights ☐ Traffic Cones ☐ Headlights

ACTIONS OF POLICE VEHICLE

☐ Responding to Code Signal

☐ Pursuing Violator

☐ Other (Describe)

☐ Complying with Station House Directive

☐ Routine Patrol

MV-104AN (7/11)

New York State Department of Motor Vehicles

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Complaint Number:

☐ **AMENDED REPORT**

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Month 3	Day 1	Year 2024	FRIDAY	18:50	2	0	0	Reconstructed ☐	☐	☐ Yes ☑ No

☐ VEHICLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE

VEHICLE - Driver License ID Number: — State of Lic.:

Driver Name -exactly as printed on license:

Address (Include Number & Street): — Apt. No.:

City or Town: — State: — Zip Code:

Date of Birth: Month / Day / Year — Sex: — Unlicensed ☐ — No. of Occupants: — Public Property Damaged ☐

Name—exactly as printed on registration: — Sex: — Date of Birth: Month / Day / Year

Address (Include Number & Street): — Apt. No.: — Haz. Mat Code: — Released ☐

City or Town: — State: — Zip Code:

Plate Number: — State of Reg.: — Vehicle Year & Make: — Vehicle Type: — Ins. Code:

Ticket/Arrest Number(s):

Violation Section(s):

VEHICLE - Driver License ID Number: — State of Lic.:

Driver Name - exactly as printed on license:

Address (Include Number & Street): — Apt. No.:

City or Town: — State: — Zip Code:

Date of Birth: Month / Day / Year — Sex: — Unlicensed ☐ — No. of Occupants: — Public Property Damaged ☐

Name—exactly as printed on registration: — Sex: — Date of Birth: Month / Day / Year

Address (Include Number & Street): — Apt. No.: — Haz. Mat Code: — Released ☐

City or Town: — State: — Zip Code:

Plate Number: — State of Reg.: — Vehicle Year & Make: — Vehicle Type: — Ins. Code:

Ticket/Arrest Number(s):

Violation Section(s):

VEHICLE 1
Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 2
Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES
Box 1 - Point of Impact | 1 | 2
Box 2 - Most Damage
Enter up to three more Damage Codes | 3 | 4 | 5
Vehicle Towed: By: To:

VEHICLE 2 DAMAGE CODES
Box 1 - Point of Impact | 1 | 2
Box 2 - Most Damage
Enter up to three more Damage Codes | 3 | 4 | 5
Vehicle Towed: By: To:

VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

1. Rear End
2. Sideswipe (same direction)
3. Left Turn
0. Left Turn
4. Right Angle
5. Right Turn
6. Right Turn
7. Head On
8. Sideswipe (opposite)

ACCIDENT DIAGRAM

DIAGRAM ATTACHED ON SUBSEQUENT PAGE

1 REAR END

9.

Cost of repairs to any one vehicle will be more than $1000.
☐ Unknown/Unable to Determine ☐ Yes ☐ No

Place Where Accident Occurred: ☐ BRONX ☐ KINGS ☑ NEW YORK ☐ QUEENS ☐ RICHMOND

Reference Marker	Coordinates (if available)
9 5 I X 4 M 1 1 0 0 4	Latitude/Northing: 40.850067 Longitude/Easting: -73.9449

Road on which accident occurred: 95I E/B CROSS BRONX EXPY (Route Number or Street Name)

at 1) intersecting street _____ (Route Number or Street Name)

or 2) _____ Feet / Miles ☐ N ☐ S ☐ E ☐ W of 4/10 MILE E/O GEORGE WASHINGTON BRIDGE (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes: DEPT VEH. NO INJURIES. NO CAMERAS. OPER OF VEH 2 CALLED HIS OWN TOW.

USE COVER SHEET

P

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A L L I N V O L V E D															

Officer's Rank and Signature ►	Tax ID No.	NCIC No.	Precinct	Post/Sector	Reviewing Officer	Date/Time Reviewed
PO	972657	03030	033		SSA RONNIE A RODRIGUEZ	03/05/2024 23:11

Print Name in Full: CHRISTOPHE C GAYLE

PERSONS KILLED OR INJURED IN ACCIDENT (Letter Designation of persons Killed or injured must correspond with letter designation on front).

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Last Name	First	M.I.	Last Name	First	M.I.

Address | | | Address

Date of Birth | Telephone (Area Code) | **Date of Birth** | Telephone (Area Code)
Month | Day | Year | ( ) | Month | Day | Year | ( )

Last Name	First	M.I.	Last Name	First	M.I.

Address | | | Address

Date of Birth | Telephone (Area Code) | **Date of Birth** | Telephone (Area Code)
Month | Day | Year | ( ) | Month | Day | Year | ( )

Last Name	First	M.I.

Highway Dist. at Scene? ☐ Yes ☐ No
Name:

Address

Shield No.

Date of Birth | Telephone (Area Code)
Month | Day | Year | ( )

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. _____ Vehicle No. _____

Expiration Date _____ Expiration Date _____

VIN _____ VIN _____

WITNESS (Attach separate sheet, if necessary)
Name | Address | Phone

DUPLICATE COPY REQUIRED FOR:

☐ Dept. of Motor Vehicles (if anyone is killed/injured)

☐ Motor Transport Division (P.D. vehicle involved)

☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)

☐ Other City Agency (Specify)

☐ Office of Comptroller (if a City vehicle involved)

☐ Personnel Safety Unit (if a P.D. vehicle involved)

☐ Highway Unit _____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)

OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle –Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command

Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command

Equipment in Use At Time of Accident
☐ Siren ☐ Horn ☐ Turret Light ☐ 4-Way Flasher ☐ High-Level Warning Lights ☐ Traffic Cones ☐ Headlights

ACTIONS OF POLICE VEHICLE
☐ Responding to Code Signal
☐ Pursuing Violator
☐ Other (Describe)

☐ Complying with Station House Directive
☐ Routine Patrol

MV-104AN (7/11)

Rear End : MV-2024-033-000116
Reporting Officer : PO CHRISTOPHE C GAYLE
Reviewing Officer : SSA RONNIE A RODRIGUEZ Reviewed Date : 03/05/2024 23:11